File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



# FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

CAMPAIGN DISCLOSURE BD.

COMMITTEE NAME (Must be same as on Statement of the Committee of the Commi	porting for:	Comm. # 9000
Office Sought	District (if Senate or House)	Scanned Computer Audited
Late reports are subject to possible civil and criminal po		7) and 68A.401(3), the candidate, for a
I AM FILING A Oct. 19, 20 (report date)	REPORT FOR (1) ELECTION /(2	<del></del>
☐CHECK IF AMENDMENT TO REPORT DATED		
MONEOKII AMENDIMENT TO KEI OKI DATED	Lo	ocal Committees, enter Date of Election
☐ Check if this is final (termination) report and attac (You must continue to file reports until a D	D 2 :- E 1 \	County & Local Committees, enter County in which Election is held
STATEMENT OF CASH O	ON HAND	
CASH ON HAND at the beginning of the reporting prommittee. This amount MUST be the sar of the last reporting period or must be zero		s <u>3/38 74</u>
ADD TOTAL MONEY TAKEN IN THIS PE	RIOD	iro
Schedule A: Cash Contributions total (Att	ach Schedule A) (*also see in-kind below)	673
•	Schedule F)	<del>-</del>
,	pperty (Attach Schedule H)	$\overline{}$
(Schedule H applies to Candida		
	SUB-TOTAL	\$
SUBTRACT TOTAL MONEY SPENT THE	S PERIOD	
	chedule B) (**also see debts and loans below)	
·	ch Schedule F)	
CASH ON HAND at the end of this reporting period		22/1/1/
**UNPAID BILLS (From Schedule D - Attach Sched	•	
*IN KIND CONTRIBUTIONS (From Schedule E - A	•	
**OUTSTANDING LOANS (From Schedule F - Atta	•	•
CONSULTANT BREAKDOWN (Schedule G Attach	ed7)	YESNO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedu	ule H - Attach Schedule H)	\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

#### For Instructions, See Back of Form

## Reset Form

SCHEDULE Α (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

# **CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same	as on Statement of Organization)
Harrison Co Dem	ocrat Central Com

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/5/08	ID#	Lyle McIntosh 115 N 6th St. Mo VAlley, IA 51555		\$3000	W
10/5/08	ID# CK# 2694	Jan Creasman 2055 Perkins, Ave Woodbine, IA 51579		1500	
10/5/08	ID# CK# /866	J Patrick Hart 1166 Madison LN Pisgah, IA 51564		1500	
10/5/08	CK# 6576	201a Leonard 2393 Stuart TR LOGAN, IA 51546		2000	
10/5/08	ID# CK# 1087	Kim Armstrong 1007 Skyline Dr LOGAN, IA 51546		3000	
10/5/08	ID# CK#	Merle Sass 449 N 3rd MoVAlley, IA 5155	_	2000	
10/5/08	ID# CK# /903	DAVID Bringman 703 N 3rd Ave 206AN, IA 51546	-	100	
10/5/08	ID# CK# 3875	Michael Raine PO Box 113 Persia, IA 51563		30°	
10/5/08	ID# CK# /39/	Dale Adams 703 St Lawrence Aue Movalley, IA 51555		3500	
145/08	id# ck#/2/90	Virginia Adams 703 St Lawrence Ax MuVAlley, IA 51555		25	V
<u> </u>			SUB-TOTAL	320.00	

TOTAL (if last page of this schedule)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

### For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

HARRISON CO Democrat Central Com

SCHEDULE			
<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/5/08	CK# <i>4333</i>	Susan Bonhamor 1010 Skyline Or LOGAN, IA 51546		50 00	
	ID# CK#	Various Cash Contributions		303°	
	ID# CK#				
	ID# CK#		-		
	ID# CK#				
	ID# CK#		-		
	ID# CK#	•			
	<u> </u>		SUB-TOTAL	, 352 R	

TOTAL (if last page of this schedule)

\$ 13°°°°

Page 2 of 2 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

# EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

HArrisa	on Co D	emocrat Central	Comm.		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURP (DESCRIBE TR		AMOUNT EXPENDED
	ID#	Woodbine	0 0	th Care	1 - ب
7/16		Woodbine	Rent Bo	orn for	\$50
2008	ск# 29/	Apple fest Woodbine, IA	Apple fest	Festival	\$ 20
	ID#	Pat Sears	Party Co.	ntribution	, 00
9/10	CK# 291	425 N Tower LOGAN, IA 51546	to Sherif	idate	100
2008	ID#		Doct Co	ntribution	00
9/10		Rob Hubler	PARTY	٠١///٥٤	· · · · · · · · · · · · · · · · · · ·
2008	CK# 293	PO BOX 2041 Co Bluffs, IA 51503	to Cong	date	100
	ID#	Jan Creasman	Party Conti	ibution	00
9/10 2008	CK# 594	2055 Perkins Woodbine, IA 51579	to Repres	sentative	100
- (	ID#	I	Election	Supplies	συ
9/10		10 Advertising 2267 Laredo Ave	Election,	5:4+	1,00
2008	CK# 295	M Valle TA CICS	for Gaylo Supervisor	Cadde	100
2008	3/3  D#	Mo VAlley, LA 5155	Super Visor	Canaldal	
	10#				
	CK#				
	ID#				
	CK#				
	CK#				
	ID#				
	CK#				
L	L		I	SUB-TOTAL	\$45000
			TOTAL (if last pag	e of this schedule)	\$1/5000
				•	$\mathcal{T}$

THIS BOX A	PPLIES TO	<b>CANDIDATES'</b>	COMMITTEES	ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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